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Audit to assess whether Lancashire Teaching Hospital NHS Foundation Trust is meeting the guidance recommended by the National Institute for Health and Care Excellence for the management of acute upper gastrointestinal bleeding

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Introduction

Upper gastrointestinal bleeding (UGIB) refers to blood loss from a gastrointestinal source above the ligament of Treitz. It can manifest clinically as hematemesis, coffee-ground emesis, hematochezia, or melena. Despite the advances in treatment, UGIB still carries a significant in-hospital mortality which is reported to be approximately 10%. The National Institute for Health and Care Excellence

(NICE) have produced detailed guidelines in the management of patients with acute upper GI bleeding.

Method

We identified 46 patients, who presented with acute upper GI bleeding at Lancashire Teaching Hospital NHS foundation trust between 04/02/22 and 25/03/22. The aim was to assess whether patients admitted with UGIB to our hospitals received the diagnostic and therapeutic steps outlined by the NICE guidance.

Results

All patients on regular non-steroidal anti-inflammatory had their medication withheld. Approximately half of patients had at least one formal risk assessment score documented during admission. 78% of patients received crystalloids and 50% received packed red blood cells. All patients who required fresh frozen plasma, cryoprecipitate or prothrombin complex concentrate as per the guidelines have received them and 33% of patients with platelets count of less than <50 x 109 L received platelet transfusion. 61% of patients who were hemodynamically stable had endoscopy within 24 hours and 90% of patients who were hemodynamically unstable received immediate endoscopy. 11% of patients were found to have variceal as the cause of bleeding. Out of those, all patients received terlipressin and antibiotics, 60% had band ligation and 20% had sclerotherapy. On the other hand, 89% of patients had non-variceal UGIB. Out of those, all patients received a proton pump inhibitor, 45% had clips with or without adrenaline, 18% had thermal coagulation with adrenaline and none of the patients received fibrin with adrenaline. 43% of patients had re-bleeding following initial management. 15% of the patients with re-bleeding were referred for interventional radiology and 10% of patients required surgery.

Conclusion

Further work is required to ensure all patients admitted with UGIB to LTHTR are managed as per the NICE guidance.

Recommended changes

- Checklist to be added to our hospital online system (Quadramed system) to remind doctors with the investigation and management steps recommended by NICE guidelines.
- Visual cues such as printed guidelines and posters in the relevant clinical areas, including the emergency department, endoscopy unit and medical admission unit.
- Re-audit to assess whether there has been improvement in the management of UGIB in LTHTR following the above changes and to continue recommending further changes to ensure all patients presenting with UGIB at LTHTR are managed as per the NICE guidelines.